



Dr. Howard Weissman, Clinical Director

Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health Information (HIPAA)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of the Chicago Stress Relief Center, Inc. to protect the privacy of your personal health information. The Chicago Stress Relief Center provides you with psychological evaluations and psychotherapy services and receives and maintains your personal health information in the course of providing these services.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

We may use or disclose your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your written *authorization*. To help clarify these terms, here are some definitions:

- **“PHI”** refers to information in your health record that could identify you.
- **“Treatment, Payment, and Health Care Operations”**
 - *Treatment* is when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment would be when we consult with other health care providers, such as your family physician or another psychologist.
 - *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of our practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- **“Use”** applies only to activities within our office, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- **“Disclosure”** applies to activities outside of our office, such as releasing, transferring, or providing access to information about you to other parties.
- **“Authorization”** is written permission to disclose confidential information related to your medical or mental health. An authorization goes above and beyond the general consent that permits only specific disclosures. All authorizations to disclose must be on a specific legally required form.

II. Uses and Disclosures Requiring Authorization

We may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. In those instances, when we are asked for information for purposes outside of treatment, payment or health care operations, we will obtain an authorization from you before releasing this information. We will also need to attain an authorization before releasing your Psychotherapy Notes. “*Psychotherapy Notes*” are notes your therapist or psychologist makes about your conversation during a private, group, joint, or family counseling session, which he/she has kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or Psychotherapy Notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) We have relied on that authorization; or (2) if the authorization was attained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy. The following are examples of scenarios in which we would need your consent and authorization to use or disclose your PHI:

- ***Health Care Providers’ Treatment Purposes*** – For example, we may disclose your PHI to your doctor, per request of you or your doctor, for treatment by your doctor.
- ***Health Care Operations*** – For example, we may use or disclose your PHI to 1) conduct a quality assessment and improvement in activities; 2) to review applications for services; 3) to engage in care coordination or case management; or 4) to coordinate services with another public benefit program.
- ***For Other Reasons*** – For instance, we may use or disclose your PHI in the following circumstances: 1) If you would like a family member or friend to obtain the information to aid you in managing your care or payment; 2) for research purposes in limited circumstances and where the information will be protected by the researchers; and 3) We will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this notice.

III. Uses and Disclosures with Neither Consent nor Authorization

We may use or disclose PHI without your consent or authorization in the following circumstances:

- ***Child Abuse*** – We are required to report PHI to the appropriate authorities when we have reasonable grounds to believe that a minor is or has been the victim of neglect or physical and/or sexual abuse.
- ***Adult and Domestic Abuse*** – We must contact the appropriate authorities if we have reasonable cause to believe that an individual (who is incapacitated, vulnerable, or otherwise protected by state law) has been neglected, abused, or financially exploited.
- ***Health Oversight Activities*** – We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. For instance, if the Illinois Board of Psychological Examiners is conducting an investigation, then we are required to disclose PHI upon receipt of a subpoena from the Board.
- ***Judicial and Administrative Proceedings*** – If you are involved in a court proceeding, and a request is made for information about the professional services we provided you, your psychological evaluation, or your diagnosis, and/or the records thereof, such information is

privileged under state law, and we will not release information without the written authorization of you or your legally appointed representative or a court order. We can release the information directly to you upon your request. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

- ***Serious Threat to Health or Safety*** – If you communicate to us an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim(s), and we believe you have the intent and ability to carry out such a threat, we have a duty to take reasonable precautions to prevent the harm from occurring, including disclosing information to the potential victim and the police and in order to initiate hospitalization procedures. If we believe there is an imminent risk that you will inflict serious harm on yourself, we may disclose information in order to protect you.
- ***Worker's Compensation*** – We may disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

IV. Patient's Rights and Therapist's Duties

Patient's Rights:

- ***Right to Request Restrictions*** – You have the right to request restrictions on certain uses and disclosures of protected health information. However, we are not required to agree to a restriction you request.
- ***Right to Receive Confidential Communications by Alternative Means and at Alternative Locations*** – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing a therapist. On your request, we will send your bills to another address.)
- ***Right to Inspect and Copy*** – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record and psychotherapy notes. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- ***Right to Amend*** – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- ***Right to an Accounting*** – You generally have the right to receive an accounting of disclosures of PHI. On your request, we will discuss with you the details of the accounting process.
- ***Right to a Paper Copy*** – You have the right to obtain a paper copy of the notice from us upon request, even if you have agreed to receive the notice electronically.
- ***Right to Restrict Disclosures When You Have Paid for Your Services Out-of-Pocket*** – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for your services.
- ***Right to be Notified if There is a Breach of your Unsecured PHI*** – You have the right to be notified if: a) there is a breach (a use or disclosure of your PHI in violation of the HIPAA

Privacy Rule) involving your PHI; b) that PHI has not been encrypted to government standards; and C) our risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Psychologists or Psychotherapist’s Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
- If we revise my policies and procedures, we will inform you and provide you with written documentation during our session at that time.

V. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision that we made about access to your records, you may contact us to discuss your concerns. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. We can provide you with the appropriate address upon request. All complaints must be made in writing. You will not be penalized for filing a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice goes into effect on October 21st, 2019. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised verbal and written notice during your appointment.

VII. Other Information

- **No Marketing, Sale, or Fundraising** – We will never use your information for marketing purposes, nor will we sell your information or use it for fundraising. Any health organization that does any of these things would need your written authorization.

Patient Acknowledgement

I, _____, have received a copy of the psychologist’s or therapist’s Policies and Practices to Protect the Privacy of my Health Information. My psychologist or therapist has discussed this document with me.

Signature of Patient or Legal Guardian

Date